

T ravel P lanning F orm

Date Submitted: _____
 Student Organization: _____
 Account Number: _____
 Who is submitting this form:
 Name: _____
 Phone: _____
 Email: _____

Please submit in place of an Event Planning Form to Student Activities and Organizations, Office of the Dean of Students, Schleman Hall Room 250. This needs to be done **at least** two weeks before departure date. International travel requires more time and additional approvals.

Basic Information

Departure date _____ Time _____ a.m./p.m. Return date _____ Time _____ a.m./p.m.
 Destination _____ Purpose of Travel _____
 Who is in charge of the trip? _____ Phone _____
 If travel is by privately-owned vehicle, give driver's name _____ Phone _____

When traveling by privately-owned vehicles, the owner's insurance coverage is the **primary** coverage and each **driver and owner** should carry at least \$100,000 liability coverage. When traveling in a non-University-owned **rental** vehicle, the driver's coverage is the **primary** coverage if the rental agency does not provide liability coverage. Therefore, the organization is encouraged to use a rental agency that does provide primary liability coverage. If the agency does not provide this coverage, each driver and owner is responsible to ensure that they have at least \$100,000 in liability coverage. The University **does not** provide coverage for liability or physical damage for private or rental vehicles used by student organizations. No student organization funds may be used to purchase alcoholic beverages or any services related to alcohol (bartender fees, tips, etc.).

Mode of Transportation and Estimated Expenses from Student Organization Funds

a. **University Vehicle** yes no—Estimated cost: (Transportation forms must be attached) _____
 b. **Rental Vehicle** yes no—Estimated cost: _____
 c. **Private Vehicle** yes no—Est. cost: _____ miles @ _____ ¢(not to exceed .40) per mile w/ _____ car(s) _____
 d. **Plane fare** yes no \$ _____ per traveler with _____ traveler(s) _____
 e. **Registration fees** \$ _____ per person with _____ person(s) _____
 f. **Lodging costs** rate _____ x number of rooms _____ x number of days _____
 g. **Subsistence** (may not exceed \$26 per day per person for in-state travel; \$32 per day per person, out-of-state travel)
 Rate _____ x number of travelers _____ x number of days _____
 h. **Miscellaneous costs** (i.e., parking, tolls, itemized food receipts, etc.) _____
Total Estimated Expenses \$ _____

Estimated Income Related to this Travel

a. Estimated income from travelers \$ _____ per person with _____ person(s) _____
 b. Other income sources (list) _____
Total Estimated Income \$ _____

ESTIMATED COST TO STUDENT ORGANIZATION (the difference between expenses and income) \$ _____

Travelers and Reimbursement Amounts

List each person traveling. Indicate those who may be reimbursed for their expenses. Please use additional sheet if needed.

Name	Type of Reimbursement	Amount
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

Urgent Situation Information

Name of staff member(s) accompanying travelers _____ Phone _____
 Address where students may be reached _____ Phone _____
 Any other emergency contact information _____

Approvals

Treasurer, president, and advisor's signatures must be on form before ODOS and BOSO will sign.

Signature	Date	Signature	Date
Treasurer			
President		Office of the Dean of Students/SCHL 250	
Advisor		Business Office for Student Organizations/SCHL 213	